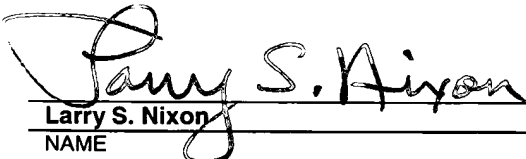


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| FORM PTO-1390<br>MODIFIED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE | ATTORNEY'S DOCKET NUMBER<br><b>4062-190</b>                                    |
| <b>TRANSMITTAL LETTER TO THE UNITED STATES<br/>DESIGNATED/ELECTED OFFICE (DO/EO/US)<br/>CONCERNING A FILING UNDER 35 U.S.C. 371</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                         | U.S. APPLICATION NO. (If known, see 37 C.F.R. 1.5)<br><b>101577043</b> unknown |
| INTERNATIONAL APPLICATION NO.<br><b>PCT/IN2004/000341</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | INTERNATIONAL FILING DATE<br><b>2 November 2004</b>     | PRIORITY DATE CLAIMED<br><b>3 November 2003</b>                                |
| TITLE OF INVENTION<br><b>PROCESSES FOR PREPARING DIFFERENT FORMS OF (S)-(+)- CLOPIDOGREL BISULFATE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                         |                                                                                |
| APPLICANT(S) FOR DO/EO/US<br><b>LOHRAY et al.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                         |                                                                                |
| Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                         |                                                                                |
| 1. <input checked="" type="checkbox"/> This is a <b>FIRST</b> submission of items concerning a submission under 35 U.S.C. 371.<br>2. <input type="checkbox"/> This is a <b>SECOND</b> or <b>SUBSEQUENT</b> submission of items concerning a submission under 35 U.S.C. 371.<br>3. <input checked="" type="checkbox"/> This is an express request to begin national examination procedures (35 U.S.C. 371(f)). The submission must include items (5), (6), (9) and (21) indicated below.<br>4. <input checked="" type="checkbox"/> The U.S. has been elected (Article 31).<br>5. A copy of the International Application as filed (35 U.S.C. 371(c)(2)).<br>a. <input checked="" type="checkbox"/> is attached hereto (25 pages specification, claims & abstract (24 claims)).<br>b. <input checked="" type="checkbox"/> has been communicated by the International Bureau.<br>c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US).<br>6. <input type="checkbox"/> An English language translation of the International Application as filed (35 U.S.C. 371(c)(3))<br>a. <input type="checkbox"/> is attached hereto (      pages specification, claims & abstract (      claims),      sheets drawings,      page Certificate of Translation).<br>b. <input type="checkbox"/> has been previously submitted under 35 U.S.C. 154(d)(4).<br>7. <input type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3))<br>a. <input type="checkbox"/> are attached hereto (required only if not communicated by the International Bureau).<br>b. <input type="checkbox"/> have been communicated by the International Bureau.<br>c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has <b>NOT</b> expired.<br>d. <input type="checkbox"/> have not been made and will not be made.<br>8. <input type="checkbox"/> An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)).<br>9. a. <input type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)).<br>b. <input type="checkbox"/> Declaration was submitted to the International Bureau during International Phase (see copies of Declaration (      page Form PCT/RO/101 and Form PCT/IB/371 and first page of printed publication acknowledging receipt thereof attached).<br><input type="checkbox"/> An English language translation of the annexes of the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)). |                                                         |                                                                                |
| <b>Items 11 To 20 below concern document(s) or information included:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                         |                                                                                |
| 1. <input type="checkbox"/> An Information Disclosure Statement under 37 C.F.R. 1.97 and 1.98.<br>12. <input type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 C.F.R. 3.28 and 3.31 is included.<br>13. <input checked="" type="checkbox"/> A <b>FIRST</b> preliminary amendment.<br><input type="checkbox"/> A <b>SECOND</b> or <b>SUBSEQUENT</b> preliminary amendment.<br>14. <input type="checkbox"/> An Application Data Sheet under 37 C.F.R. § 1.76.<br>15. <input type="checkbox"/> A substitute specification.<br>16. <input type="checkbox"/> A change of power of attorney and/or address letter.<br>17. <input type="checkbox"/> computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 CFR 1.821-1.825.<br>18. <input type="checkbox"/> Second copy of the published international application under 35 U.S.C. 154(d)(4).<br>19. <input type="checkbox"/> Second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4).<br>20. <input checked="" type="checkbox"/> Items or information. PTO/SB/08a listing references cited in the attached International Search Report, Form PCT/IB/308, International Preliminary Report on Patentability                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                         |                                                                                |

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-------------------------------------------------------------------------------|----------------|---------------------------------------------|---------|
| U.S. APPLICATION NO. (if known, see 37 C.F.R. 1.5)<br><b>unknown</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                        | INTERNATIONAL APPLICATION NO.<br><b>PCT/IN2004/000341</b>                     |                | ATTORNEY'S DOCKET NUMBER<br><b>4062-190</b> |         |
| <input checked="" type="checkbox"/> The following fees are submitted:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                        |                                                                               |                |                                             |         |
| <b>BASIC NATIONAL FEE (37 C.F.R. 1.492(a)(1)-(5)):</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                        |                                                                               |                |                                             |         |
| 21.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/> Basic national fee |                                                                               |                | \$                                          | 300.00  |
| 22.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/> Examination Fee    |                                                                               |                | \$                                          | 200.00  |
| 23.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/> Search Fee         |                                                                               |                | \$                                          | 400.00  |
| <b>TOTAL OF ABOVE CALCULATIONS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                        |                                                                               |                | \$                                          | 900.00  |
| <input type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$250 for each additional 50 sheets of paper or fraction thereof.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                        |                                                                               |                |                                             |         |
| Total Sheets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Extra Sheets                                           | Number of each additional 50 or fraction thereof (round up to a whole number) |                | RATE                                        |         |
| 25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | -100                                                   | 0 /50 = 0.00                                                                  |                | \$250.00 (1681)<br>\$125.00 (2681)          |         |
| Surcharge of \$130.00 (1617)/\$65.00 (2617) for furnishing the oath or declaration later than <input checked="" type="checkbox"/> 30 months from the earliest claimed priority date (37 C.F.R. 1.492(e)).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                        |                                                                               |                |                                             |         |
| CLAIMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                        | NUMBER FILED                                                                  | # EXTRA        | RATE                                        |         |
| Total Claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                        | 24                                                                            | minus 20 = 4 X | \$50.00 (1615)/ \$25.00 (2615)              |         |
| Independent Claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                        | 19                                                                            | minus 3 = 16 X | \$200.00 (1614) \$100.00 (2614)             |         |
| MULTIPLE DEPENDENT CLAIMS(S) (if applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                        |                                                                               |                | \$360.00 (1616)/\$180.00 (2616)             |         |
| Petition is hereby made to extend the current due date so as to cover the filing date of this paper and attachment(s): One Month Extension \$120.00 (1251)/\$60.00 (2251); Two Month Extensions \$450.00 (1252)/\$225.00 (2252); Three Month Extensions \$1020.00 (1253)/\$510.00 (2253); Four Month Extensions \$1590.00 (1254)/\$795.00 (2254)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                        |                                                                               |                | \$ 0.00                                     |         |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                        |                                                                               |                |                                             |         |
| Processing fee of \$130.00 (1618), for furnishing the English Translation later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 C.F.R. 1.492(f)).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                        |                                                                               |                |                                             |         |
| <b>TOTAL NATIONAL FEE =</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                        |                                                                               |                | \$                                          | 4430.00 |
| Fee for recording the enclosed assignment (37 C.F.R. 1.21(h). The assignment must be accompanied by an appropriate cover sheet (37 C.F.R. 3.28, 3.31). \$40.00 (8021) per property                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                        |                                                                               |                | \$                                          | 0.00    |
| Fee for Petition to Revive Unintentionally Abandoned Application; \$1500.00 (1453) / \$750.00 (2453)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                        |                                                                               |                | \$                                          | 0.00    |
| <b>TOTAL FEES ENCLOSED =</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                        |                                                                               |                | \$                                          | 4430.00 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                        |                                                                               |                | Amount to be refunded:                      | \$      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                        |                                                                               |                | Amount to be Charged:                       | \$      |
| <p>a. <input type="checkbox"/> A check in the amount of \$4430.00 to cover the above fees is enclosed.</p> <p>b. <input type="checkbox"/> Please charge my Deposit Account No. 14-1140 in the amount of \$_____ to cover the above fees. A duplicate copy of this form is enclosed.</p> <p>c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 14-1140. A duplicate copy of this form is enclosed.</p> <p>d. <input type="checkbox"/> <b>CREDIT CARD PAYMENT FORM ATTACHED.</b></p> <p>e. <input checked="" type="checkbox"/> The entire content of International Application No. <b>PCT/IN2004/000341</b> and any U.S. and foreign application(s) corresponding thereto, and IN 1154/MUM/2003 and IN 1217/MUM/2003, referred to in this application is/are hereby incorporated by reference in this application.</p> <p><b>NOTE: Where an appropriate time limit under 37 C.F.R. 1.494 or 1.495 has not been met, a petition to revive (37 C.F.R. 1.137(a) or (b) must be filed and granted to restore the application to pending status.</b></p> <p><b>CORRESPONDENCE ADDRESS</b><br/>Direct all correspondence to:</p> <p><input checked="" type="checkbox"/> <b>Customer Number:</b> <span style="border: 1px solid black; padding: 2px 20px;"><b>23117</b></span><br/>Type Customer Number here</p> <p>Telephone: (703) 816-4000<br/>LSN:alb</p> <div style="text-align: right;"> <br/> <b>Larry S. Nixon</b><br/> NAME<br/> <b>25,640</b> <b>May 3, 2006</b><br/> REGISTRATION NUMBER Date </div> |                                                        |                                                                               |                |                                             |         |